



## **COVID-19 Prevention and Response Activities in Long-term Care/Residential Care Facilities**

Resources from the Centers for Disease Control and Prevention for Nursing Homes and Long-term Care Facilities:

- Preparing for COVID-19 in Nursing Homes: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html>
- Responding to Coronavirus in Nursing Homes: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-responding.html>
- Testing Guidelines for Nursing Homes: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-testing.html>
- Considerations for Memory Care Units in Long-term Care Facilities: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/memory-care.html>
- Infection Control Assessment Tool: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/assessment-tool-for-nursing-homes.html>

## **COVID-19 Prevention Activities**

Below are general guidelines to reduce transmission within nursing homes, other long-term care facilities and other residential care facilities. Please see individual re-opening guidelines for Nursing Homes, Assisted Living and Personal Care Homes, and ICF-IID on the Mississippi State Department of Health COVID-19 website.

- Identify resources for onsite infection control management.
- Actively screen all employees/staff for fever and respiratory symptoms before starting each shift; exclude ill employees/staff.
  - 100% screening of all persons entering the facility and all staff at the beginning of each shift:
  - Temperature checks
  - Questionnaire about symptoms and potential exposure
  - Observation of any signs or symptoms
- Implement sick policies to encourage staff to stay home when ill.
- Assess the current supply of personal protective equipment (PPE) and initiate measures to optimize current supply. See strategies to optimize PPE located at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html>.
- All staff wear appropriate PPE when they are interacting with residents, to the extent PPE is available and consistent with CDC guidance on optimization of PPE.
  - All staff should wear a surgical facemask, or cloth face covering if not providing direct patient care, at all times while in the facility.

- All facilities should actively screen all residents daily for symptoms consistent with infection, even if the facility is not currently experiencing cases among employees or residents.
  - Long-term care residents may not present with typical symptoms of fever or respiratory symptoms. Cases have been identified in residents with minimal cough, low grade fever (< 100.0 °F), dizziness, diarrhea, sore throat or altered mental status.
  - Have a high index of suspicion and utilize pulse oximetry in active screening. Diminished oxygen saturation has often been the first sign of infection among nursing home residents.
- Residents should wear a cloth face covering whenever they leave their room, including for procedures outside of the facility.
- Enforce social distancing among residents and limit group activities and communal dining in accordance with [CDC guidelines](#).
- Universal source control for everyone in the facility. Residents and visitors should wear a cloth face covering or facemask.
- Dedicated space in the facility for cohorting and managing care for residents with COVID-19
  - Identify a space within the facility that can be dedicated to care for COVID-19 residents;
  - Plan for dedicated staff to care only for those cohorted residents;
  - Plan to manage new/readmissions with unknown COVID-19 status and residents who develop symptoms;
  - Note: Readmissions of COVID-19 positive patients should follow the current Guidance for Discontinuation of Isolation and Transmission-Based Precautions in Patients with COVID-19 ([https://msdh.ms.gov/msdhsite/\\_static/resources/8632.pdf](https://msdh.ms.gov/msdhsite/_static/resources/8632.pdf)) and Discharge Guidance for Suspected or Confirmed COVID-19 Patients ([https://msdh.ms.gov/msdhsite/\\_static/resources/8600.pdf](https://msdh.ms.gov/msdhsite/_static/resources/8600.pdf))
- Limit all non-medically necessary trips outside of the facility\*. For medically necessary trips away from of the facility:
  - The resident must wear a cloth face covering or facemask; and
  - The facility must share the resident's COVID-19 status with the transportation service and entity with whom the resident has the appointment
- If a resident is away from the facility overnight due to hospitalization or home visit, upon return the resident should be quarantined to their room and monitored for signs and symptoms of infection for 14 days.
- Follow current CMS visitation guidelines for nursing homes.
- Limit all volunteers and non-essential healthcare personnel (HCP), including consultant services (e.g., barber)\*.

\*see specific reopening guidelines

## **If COVID-19 is identified in the facility or an outbreak is suspected**

Notify the MSDH Office of Epidemiology (601-576-7725 or 601-576-7400 after hours) of any identified COVID-19 infection in a resident or employee within the facility.

**Outbreak definition:** COVID-19 infection confirmed in a single resident or employee should be considered an outbreak.

An outbreak should be suspected when clusters of respiratory disease ( $\geq 3$  residents and/or staff) are identified. Notify the MSDH Office of Epidemiology of any confirmed or suspected outbreak. Below are some first steps to begin when contacting MSDH.

### **Response to COVID-19 infection in a single employee who worked with symptoms consistent with COVID-19 or in the 48 hours prior to symptom onset or date of test if asymptomatic**

- Determine which residents received direct care from and which staff/employees had unprotected exposure to the employee who worked with symptoms of COVID-19 or in the 48 hours prior to symptom onset, or 48 hours prior to date of test if asymptomatic.
  - Prioritize testing of residents and staff/employees who were exposed to the employee with COVID-19.
    - If testing capacity allows, use of facility-wide testing following identification of new cases of COVID-19 in residents or staff/employees could be particularly important. Facility-wide testing can help identify asymptomatic or pre-symptomatic residents with COVID-19 to guide movement into COVID-19 designated spaces.
- Residents who were cared for by the employee should be restricted to their room and be cared for using [all recommended COVID-19 PPE](#) until 14 days after last exposure
  - Exposed staff/employees should be [assessed for risk and need for work exclusion](#)

### **Response to newly identified COVID-19 infection in a single resident or two or more staff/employees**

- Immediately isolate any symptomatic or COVID positive resident (private room if possible).
- Suspect or COVID positive residents should remain isolated:
  - Until at least 10 days have passed since symptoms first appeared **and**
  - At least 24 hours have passed since last fever without the use of fever-reducing medications **and**
  - Symptoms (e.g., cough, shortness of breath) have improved
  - If asymptomatic, until at least 10 days have passed since date of their first positive test

- Restrict all residents to their rooms during the outbreak.
- Initiate facility wide testing of all previously non-positive residents and employees every 3-7 days until no new positive individuals are identified for at least 14 days. MSDH can provide support for initial outbreak testing if no other capacity has yet been obtained.
  - Symptomatic employees should be excluded from work and isolate at home while waiting for test results.
  - Symptomatic residents should be immediately isolated while waiting for test results.
- After initial outbreak testing, continue testing all non-positive residents and employees weekly until no new cases are identified for at least 14 days.
- Be prepared to act on positive results with a plan that addresses staffing and further isolation of residents with confirmed COVID-19.
  - Exclude all positive employees from work until 10 days after onset of illness or 10 days after test date if asymptomatic. Employees may return to work 10 days after onset of illness or test collection date if asymptomatic if they have been fever free for 24 hours without use of fever-reducing medication, with symptom improvement. Employees should not be allowed to work while symptomatic. A negative test should not be required for return to work. MSDH recommends a time and symptom-based strategy.
  - Cohort positive residents in a designated area of the facility and dedicate staff to care for these residents only, with no interaction with unaffected residents.
- Institute universal facemasks for all employees/staff while in the facility, if not previously done.
- Utilize appropriate PPE when providing all resident care, regardless of symptoms: gloves, N95 (facemask if N95 not available) and face shield/goggles. Prioritize gowns for activities where splashes and sprays are anticipated (including aerosol-generating procedures) and high-contact resident care activities that provide opportunities for transfer of pathogens to hands and clothing of HCP. Facemasks and goggles or eye protection are priorities when providing resident care in this situation. See strategies to optimize PPE located at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html>
- Actively monitor ill residents (including documentation of pulse oximetry) at least 3 times daily to quickly identify residents who require transfer to a higher level of care.
- Cohort ill residents in one wing of the facility if possible.
- Assign staff to care for only ill residents, or for only residents on the affected wing if possible.
- Consider a temporary halt to new admissions, especially to the affected wing or area of the facility.
  - New/readmissions with unknown COVID-19 status should be placed in a single room or separate observation area and monitored for signs and symptoms of COVID-19 for 14 days after admission and cared for using Transmission-Based Precautions.

Outbreak response measures should remain in place until no additional cases have been identified for at least 14 days.